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UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS

RECEIVED

AUG 22 2016

DC

THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

AVERY SINGLETON

(Enter above the full name
of the plaintiff or plaintiffs in
this action)

* AMENDED COMPLAINT *

vs.

Case No: 16-CV-6670
(To be supplied by the Clerk of this Court)

TOM DART

DR. KHAN (DIVISION 11 DENTIST)

DR. MONTGOMERY (DIVISION 11 DENTIST)

CERMACK HEALTH SVCS.

COOK COUNTY D.O.C.

(Enter above the full name of ALL
defendants in this action. Do not
use "et al.")

CHECK ONE ONLY:



COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983
U.S. Code (state, county, or municipal defendants)



COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE
28 SECTION 1331 U.S. Code (federal defendants)



OTHER (cite statute, if known)

BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.

I. Plaintiff(s):

- A. Name: AVERY SINGLETON
- B. List all aliases: N/A
- C. Prisoner identification number: R29723
- D. Place of present confinement: ROBINSON CORRECTIONAL CTR
- E. Address: 13423 E. 1150TH Ave ; ROBINSON, IL 60454

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: TOM DART
Title: COOK COUNTY SHERIFF
Place of Employment: COOK COUNTY JAIL (SHERIFF OF COOK CRY)
- B. Defendant: DR. KHAN
Title: DIVISION II DENTIST
Place of Employment: CERMACK HEALTH SCVS / COOK COUNTY JAIL
- C. Defendant: DR. MONTGOMERY
Title: DIVISION II DENTIST
Place of Employment: CERMACK HEALTH SCVS / COOK COUNTY JAIL

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

- A. Name of case and docket number: AVERY SINGLETON v. SGT. SMITH et.al
16-CV-2413
- B. Approximate date of filing lawsuit: FEBRUARY 2016
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: AVERY SINGLETON
- D. List all defendants: SGT. SMITH & % PRADO
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): NORTHERN DISTRICT OF ILLINOIS
- F. Name of judge to whom case was assigned: JUDGE ANDREA R. WOOD
- G. Basic claim made: DELIBERATE INDIFFERENCE
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): STILL PENDING
- I. Approximate date of disposition: N/A

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

(CONT.) LIST OF ALL LAWSUITS FILED:

A). NAME OF CASE AND DOCKET NUMBER: 13-MI-301631
AVERY SINGLETON - V- VIRELLA

B). APPROXIMATE DATE FILED LAWSUIT? N/A

C). LIST OF DEFENDANTS: REBECCA I. VIRELLA

D). COURT IN WHICH LAWSUIT WAS FILED: N/A
COOK COUNTY?

E). LIST ALL PLAINTIFFS: AVERY SINGLETON

F). NAME OF JUDGE CASE WAS ASSIGNED: ? N/A

G). BASIC CLAIM MADE: PERSONAL INJURY DUE TO
AUTO ACCIDENT

H). DISPOSITION OF THIS CASE: SETTLEMENT

I). APPROXIMATE DATE OF DISPOSITION: N/A HAD ATTORNEY

IV. Statement of Claim:

CLAIM STATEMENT**PG #1 OF 11**

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. **Do not give any legal arguments or cite any cases or statutes.** If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

ON OR ABOUT MARCH 13, 2016 ... I WAS TAKEN TO MEDICAL DISPENSARY DUE TO MY LEFT REAR TOOTH BEING IN PAIN, AND NOT ABLE TO CHEW MY FOOD BECAUSE OF SENSITIVITY AND PRESSURE. THE NURSE IN TRIAGE (NURSE BURNS) SCHEDULED ME FOR A DENTAL APPOINTMENT ON OR ABOUT MARCH 14, 2016 TO SEE DR. KHAN. ONCE IN THE DENTAL OFFICE, I SHOWED DR. KHAN THE AREA WHERE I WAS NOT ABLE TO CHEW AND EXPERIENCING PAIN. DR. KHAN THEN TOOK AN X-RAY OF THE AREA AND INFORMED ME THAT MY REAR TOOTH WAS DECAYED AND NEEDED TO BE EXTRACTED, AND THAT WAS THE SOURCE OF THE PAIN. I WAS THEN SCHEDULED FOR EXTRACTION ON MARCH 17, 2016 AND GIVEN NO ANTIBIOTICS FOR INFECTION. ONCE BACK AT THE DENTAL OFFICE, I WAS CONVERSATING WITH DR. KHAN IN GENERAL, AND I MENTIONED TO HER THAT I LIKE HER NEW RANGE ROVER SUV. DR. KHAN THEN STATED, "I DON'T HAVE A RANGE ROVER." I THEN TOLD HER THAT FROM WHERE MY CELL WINDOW IS LOCATED IN THE JAIL, I COULD SEE THE EMPLOYEES COMING AND

GOING BACK AND FORTH TO WORK... AND THE PERSON IN THE RANGE ROVER RESEMBLE HER, AND THAT THAT IS A NICE TRUCK. DR. KHAN THEN STATED, "WELL THAT'S NOT ME!" AT THAT TIME, DR. KHAN WENT AHEAD AND STARTED THE PROCEDURE. HOWEVER, BEFORE DR. KHAN STARTED THE PROCEDURE, I TOLD HER THAT THE TOOTH SHE RECOMMENDED TO EXTRACT WAS NOT THE ONE THAT WAS GIVING ME PROBLEMS; AND THAT IT WAS THE TOOTH IN FRONT OF THAT TOOTH THAT WAS IN PAIN. I REALIZED THAT THE PAIN WAS NOT ORIGINATING FROM THE TOOTH THAT SHE ADVISED ME TO HAVE EXTRACTED. I HAD THAT PROBLEM ONCE BEFORE WHERE A COOK COUNTY DENTIST EXTRACTED THE WRONG TOOTH, AND IT TURNED OUT TO BE THE TOOTH THAT I ORIGINALLY TOLD THE DENTIST TO EXTRACT, BUT I TRUSTED HER PROFESSION, AND ALLOWED HER TO PULL THE WRONG TOOTH... AND HAD TO GO BACK TWO(2) DAYS LATER TO PULL THE CORRECT TOOTH.

AT THAT TIME, DR. KHAN HAD ME TO SIGN A FORM AGREEING FOR ME TO HAVE THE TOOTH THAT "I" POINTED OUT TO HER TO BE EXTRACTED, WHICH I DID. AT THAT TIME, DR. KHAN STARTED THE PROCEDURE. DURING THE TIME DR. KHAN WAS EXTRACTING THE TOOTH THAT "I" POINTED OUT WAS IN PAIN, SHE(DR.KHAN) MISTAKINGLY BROKE THE TOOTH THAT SHE

THAT SHE RECOMMENDED THAT I GET PULL ON MY INITIAL VISIT. DR. KHAN WAS HAVING SUCH A HARD TIME PULLING THE TOOTH THAT "I" POINTED OUT TO HER, THAT WAS ACTUALLY IN PAIN, THAT WHILE USING THE DENTAL EXTRACTERS AND THE LITTLE SHOVEL TOOL... SHE BROKE THE TOOTH THAT SHE RECOMMENDED THAT I GET EXTRACTED. DR. KHAN STATED THAT SHE WAS HAVING A HARD TIME EXTRACTING THE TOOTH THAT "I" ADVISED HER WAS IN PAIN, BECAUSE I HAD VERY LONG ROOTS. DR. KHAN THEN ADVISED ME THAT SHE (DR. KHAN) WOULD HAVE TO ALSO EXTRACT THE TOOTH THAT SHE HAD MISTAKENLY BROKE, SO SHE HAD ME TO SIGN ANOTHER AGREEMENT TO PULL THE BROKEN TOOTH, WHICH I DID. DR. KHAN THEN STARTED THE EXTRACTION PROCEDURE ON THE BROKEN TOOTH. DR. KHAN HAD A VERY, VERY DIFFICULT TIME EXTRACTING THE BROKEN TOOTH AS WELL... DUE TO LONG ROOTS. ALSO, DR. KHAN HAD TO GIVE ME THREE (3) EXTRA INJECTIONS: IN MY REAR JAW, MY GUMS, AND INSIDE UNDERNEATH MY TONGUE TO NUMB ME... DUE TO THE PAIN. ONCE DR. KHAN FINALLY REMOVED THE BROKEN TOOTH, SHE RESUMED THE PROCEDURE ON THE TOOTH THAT I TOLD HER THAT I WAS HAVING

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PAIN. AGAIN, DR. KHAN HAD A VERY, VERY HARD TIME EXTRACTING THAT TOOTH AS WELL, BECAUSE OF MY ROOTS. ONCE SHE (DR. KHAN) WAS DONE, MY MOUTH WAS RINSED OF BLOOD, AND THEN SHE (DR. KHAN) PUT GAUZE ON THE ENTIRE EXTRACTION AREA. DR. KHAN THEN IMMEDIATELY EXITED THE ROOM. I WAS PRESCRIBED IBUPROPHEN 800 mg FOR PAIN, FOR ONE (1) WEEK.

THE FOLLOWING WEEK, I WAS STILL IN EXCRUTIATING PAIN AFTER ALL OF THE IBUPROPHEN WAS GONE, SO, ON MARCH 25, 2016... I WAS ESCORTED, ON EMERGENCY, BACK TO CERMACK DENTAL TO VISIT DR. KHAN. UPON DR. KHAN ACKNOWLEDGING MY PRESENCE, DR. KHAN INFORMED % COLLAZZO THAT SHE (DR. KHAN) REFUSED TO SEE ME AND ANALYZE MY PROBLEM. % COLLAZZO THEN CAME INTO THE WAITING AREA AND INFORMED ME THAT DR. KHAN REFUSED TO SEE ME BECAUSE I SUPPOSEDLY MADE HER FEEL UNCOMFORTABLE. I THEN ASKED % COLLAZZO WHAT DID SHE MEAN BY I MADE HER FEEL UNCOMFORTABLE? % COLLAZZO THEN STATED, "THE DOCTOR SAID THAT YOU SAID SOMETHING TO HER TO MAKE HER FEEL UNCOMFORTABLE." I THEN ASKED % COLLAZZO, "WHAT ARE YOU

TALKING ABOUT?" AT THAT TIME, NURSE BURNS CAME OUT OF THE BACK, AND WAS ON HER WAY OUT OF THE DOOR. I THEN ASKED NURSE BURNS, "WHAT IS GOING ON?" NURSE BURNS THEN REPLIED, "SHE SAID THAT YOU WERE WATCHING HER, AND SHE FEEL UNCOMFORTABLE." AFTER NURSE BURNS LEFT, SO NEIL CAME OUT AND SAID TO ME THAT DR. KHAN MENTIONED SOMETHING ABOUT ME WATCHING HER WHEN SHE GET OUT OF HER TRUCK.

AFTER ABOUT A HALF HOUR, DR. KHAN AGREED TO SEE ME ONLY IF SHE HAD THE CORRECTIONAL OFFICERS STAND THERE IN THE EXAMINATION ROOM WITH THE DOCTOR AND I. THIS MADE "ME" FEEL UNCOMFORTABLE DUE TO THE FACT THAT THERE WAS AN OUTSIDE PARTY IN THE EXAMINATION ROOM WITH ME AND THE DOCTOR, WITHOUT MY CONSENT, LISTENING TO MY CONFIDENTIAL MEDICAL INFORMATION. I WAS ACTUALLY "FORCED" TO HAVE DOCTOR KHAN EXAMINE ME WHILE AN OUTSIDE PARTY WAS IN THE ROOM. OTHERWISE, DR. KHAN WOULDN'T HAVE ANALYZED MY PROBLEM. I THEN TOLD DR. KHAN THAT I WAS IN SERIOUS PAIN, AND THAT THE AREA WAS NOT HEALING AT ALL. ALSO, I TOLD DR. KHAN THAT I APOLOGIZE IF I MADE HER FEEL UNCOMFORTABLE BY ADMIRING HER TRUCK... SHE (DR. KHAN) DID NOT RESPOND.

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DR. KHAN THEN, ONLY ASKED ME TO HAVE A SEAT IN THE EXAMINATION CHAIR, AND OPEN MY MOUTH. SHE (DR. KHAN) ONLY VISUALLY LOOKED IN MY MOUTH, AND PRESCRIBED ME ANTIBIOTICS AND MORE IBUPROPHEN 800 mg FOR PAIN. I DO NOT KNOW WHAT PROMPTED DR. KHAN TO PRESCRIBE ME ANTIBIOTICS AFTER-THE-FACT.

ON APRIL 5, 2016... I WENT BACK TO THE DENTAL DEPARTMENT OF CERMACK HEALTH SVCS. UPON ARRIVAL, I FOUND THAT DR. KHAN HAD BEEN TRANSFERRED TO ANOTHER DIVISION, SO I WAS SEEN BY DR. MONTGOMERY. DR. MONTGOMERY ASSESSED MY PROBLEM AND TOLD ME THAT THE AREA WAS HEALING, AND IT COULD TAKE UP TO SIX (6) MONTHS BEFORE COMPLETELY HEALING. HOWEVER, I WAS STILL IN PAIN, AND MY JAW AND GUMS WERE STILL SWOLLEN. DR. MONTGOMERY THEN DID ANOTHER X-RAY OF THE AREA, PUT SOME TYPE OF BROWN ANTISEPTIC ON ^{MY} GUMS, AND PUT MORE GAUZE IN THE INFECTED AREA, AND TOLD ME TO HOLD IT ON MY GUMS FOR AT LEAST AN HOUR. FURTHERMORE, DR. MONTGOMERY INFORMED ME THAT SHE WOULD PRESCRIBE ME MEDICATION TO SPEED UP THE HEALING PROCESS. UNFORTUNATELY, I NEVER RECEIVED THAT MEDICATION... I ONLY RECEIVED MORE IBUPROPHEN, AND THE WOUND

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WAS STILL OPEN. HOWEVER, BY THE WOUND STILL BEING OPEN, DR. MONTGOMERY DID INJECT SOME TYPE OF FLUID INTO THE WOUND TO REMOVE ANY FOOD PARTICLES, OR SHOULD I SAY FLUSH OUT ANY FOOD PARTICLES, THAT HAD GOTTEN INTO THE OPEN WOUND. THIS WAS DONE BEFORE SHE (DR. MONTGOMERY) PUT THE BROWN ANTISEPTIC AND GAUZE INTO MY MOUTH.

ONCE AGAIN AROUND OR ABOUT THE LAST PART OF APRIL 2016 OR FIRST PART OF MAY 2016, I WENT TO THE DENTIST IN DIVISION TWO(2) OF COOR COUNTY JAIL DUE TO PAIN AND SUFFERING. THE DENTIST IN DIVISION TWO(2)... (NAME UNKNOWN), AGAIN INFORMED ME THAT IT (THE EXTRACTION AREA) IS HEALING, AND PRESCRIBED ME MORE IBUPROPHEN.

AGAIN, ON OR ABOUT MAY 23, 2016... I WAS STILL IN ORAL PAIN, SO I WENT BACK TO THE DENTAL DEPARTMENT IN DIVISION II. UPON ARRIVAL, I WAS SEEN AGAIN BY DR. MONTGOMERY. DURING THE EXAMINATION, DR. MONTGOMERY NOTICED BONE FRAGMENTS IN MY GUMS, IN THE INFECTED AREA, WHICH WERE PERTRUDING FROM MY GUMS. AT THIS TIME, DR. MONTGOMERY INJECTED ME WITH NUMBING MEDICATION TO REMOVE THE BONE

PLAINTIFF STATEMENT
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FRAGMENTS FROM MY GUMS. UPON COMPLETION, DR. MONTGOMERY AGAIN PRESCRIBED ME WITH IBUPROFEN 800 mg. I WAS THEN EXCUSED FROM HER OFFICE.

ON JUNE 24, 2016... I AGAIN WENT TO THE [REDACTED] DISPENSARY DIVISION 11 FOR A PAIN IN THE INFECTED AREA OF MY MOUTH. I WAS SEEN BY NURSE BURNS. I MENTIONED TO NURSE BURNS ABOUT OTHER HEALTH CARE PROBLEMS THAT I WAS ENCOUNTERING, ALSO, I AGAIN MENTIONED TO NURSE BURNS THAT I FELT A SHARP OBJECT PROTRUDING FROM MY GUMS IN THE INFECTED AREA, [REDACTED] ALSO THAT THE PROTRUDING OBJECT WAS CAUSING MUCH PAIN. NURSE BURNS THEN ASSESSED THE AREA IN MY MOUTH THAT I WAS SPEAKING OF, AND SHE (NURSE BURNS) TOLD ME THAT SHE DID SEE THE OBJECT IN MY GUMS. NURSE BURNS THEN WALKED TO THE DENTAL OFFICE AND SPOKE WITH THE DENTIST (DR. MONTGOMERY), AND INFORMED HER (DR. MONTGOMERY) OF THE OBJECT IN MY GUMS, AND THE PAIN THAT I WAS EXPERIENCING. NURSE BURNS THEN CAME BACK TO THE EXAMINATION ROOM AND INFORMED ME THAT DR. MONTGOMERY TOLD HER THAT SHE WOULD NOT SEE ME, AND

THAT SITE HAD AN APPOINTMENT SCHEDULED FOR ME AROUND OR ABOUT JULY 8, 2016. THE DAY THAT I WENT TO DISPENSARY WAS JUNE 24, 2016... JULY 8, 2016 WAS TWO (2) WEEK EXACTLY THAT I WAS ENDURING PAIN, AND I STILL WAS NOT CALLED TO THE DENTAL OFFICE.

BY THIS TIME, ~~THE~~ THE BONE FRAGMENT PROTRUDING OUT OF MY GUMS HAD CAME OUT.

ON JUNE 25, 2016..., I FILED ANOTHER GRIEVANCE ON DR. MONTGOMERY TO INCLUDE HER IN THIS COMPLAINT FOR REFUSAL TO EXAMINE ME ON JUNE 24, 2016 AFTER REASONABLE NOTICE OF MY MEDICAL ISSUE AND SOURCE OF ORAL PAIN (COPY OF GRIEVANCE INCLUDED). ON JULY 16, 2016... I RECEIVED A RESPONSE TO MY GRIEVANCE INFORMING ME AGAIN THAT I WILL BE SCHEDULED AN APPOINTMENT. UNFORTUNATELY, ON JULY 21, 2016... I WAS TRANSFERRED TO ILLINOIS DEPT. OF CORRECTIONS TO DO AN EIGHT YEAR SENTENCE, AND I HAD NEVER BEEN SEEN BY THE DENTIST SINCE, AND I DID NOT RECEIVE BACK AN ANSWER TO MY ADMINISTRATIVE GRIEVANCE APPEAL, WHICH I SUBMITTED ON 7-16-16 AS WELL.

ONCE I ARRIVED AT STATEVILLE CORR. CENTER, THE DENTIST IN RECEIVING TOLD ME

STATEMENT
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THAT MY GUMS COULD TAKE UP TO ONE (1) YEAR TO HEAL... SO, I DID NOT DEBATE WITH HIM AS TO THE FACT THAT DR. MONTGOMERY ADVISED ME THAT IT COULD TAKE AT LEAST SIX (6) MONTHS TO HEAL.

THEN, I WAS TRANSFERRED TO ROBINSON CORRECTIONAL CENTER. I WENT TO THE DENTIST AT ROBINSON CORRECTIONAL CENTER AND INFORMED HIM THAT I HAD DEVELOPED A KNOT ON THE GUMS ON THE INFECTED AREA. HE ALSO TOLD ME THAT IT WAS HEALING. ☺

IT HAS NOW BEEN FIVE (5) MONTHS SINCE MY TEETH HAS BEEN EXTRACTED, AND I AM STILL HAVING PAIN AND PROBLEMS CHEWING ON THAT SIDE OF MY MOUTH. AFTER EXPLAINING THIS TO THE DENTIST AT ROBINSON CORRECTIONAL CENTER, HE INFORMED ME THAT SINCE I HAD TWO TEETH PULLED IN THAT AREA, MAYBE DR. KHAN SHOULD HAVE PUT STITCHES IN MY GUMS.

AS OF TODAY, AUGUST 14, 2016... I AM STILL NOT ABLE TO CHEW ON THE LEFT SIDE OF MY MOUTH, DUE TO PAIN, AND ALSO, A KNOT HAS FORMED ON MY GUMS IN THAT EXTRACTION AREA. MY GUMS STILL HAS NOT HEALED COMPLETELY. THEY ARE THE SAME AS

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THEY WERE ONE(1) MONTH AGO (THE CONDITION OF MY GUMS).

ENCLOSED ARE COPIES OF THE EXTRA GRIEVANCE AND THE INMATE GRIEVANCE RESPONSE REQUEST FOR AN APPEAL.

V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

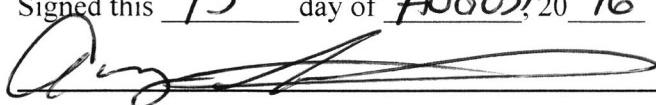
COMPENSATION FOR PAIN, SUFFERING, AND NEGLIGENCE, ..
PAY WHATEVER COST NEEDED TO CORRECT MY ORAL
HEALTH PROBLEM IN EXTRACTION AREA... REPLACE
BROKEN TOOTH BY IMPLANT OR ROOT CANAL... COVER
ANY DENTAL ISSUES THAT MY OCCUR ON THE RIGHT SIDE
OF MY MOUTH CAUSED BY CONSTANT CHEWING ON THAT SIDE.

VI. The plaintiff demands that the case be tried by a jury. YES NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 15 day of AUGUST 20 16



(Signature of plaintiff or plaintiffs)

AVERY SINGLETON

(Print name)

R29723

(I.D. Number)

ROBINSON CORRECTIONAL CTR.

13423 E. 1150TH AVE.

ROBINSON, IL 62454

(Address)



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

GRIEVANCE NON-GRIEVANCE (REQUEST)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

- EMERGENCY GRIEVANCE
 GRIEVANCE
 NON-GRIEVANCE (REQUEST)

REFERRED TO:

- CERMAK HEALTH SERVICES
 SUPERINTENDENT: _____
 OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

SINGLETON

PRINT - FIRST NAME (Primer Nombre):

AVERY

INMATE BOOKING NUMBER (# de identificación del detenido):

20150410029

DIVISION (División):

11

LIVING UNIT (Unidad):

AS

DATE (Fecha):

6-25-16

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Número de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente)	TIME OF INCIDENT (Hora Del Incidente)	SPECIFIC LOCATION OF INCIDENT (Lugar Específico Del Incidente)
6-24-16	9:45 A.M.	DISPENSARY

ON THE ABOVE DATE, I WENT TO DISPENSARY DUE TO NECK, BACK, AND KNEE PAIN. DURING THE TIME I WAS IN DISPENSARY, I ALSO INFORMED NURSE BURNS THAT MY GUM HAS A SHARP OBJECT PROTRUDING THROUGH IT, AND IT WAS PAINFUL. NURSE BURNS ADVISED ME THAT SHE ADVISED THE DENTIST... HOWEVER THE DENTIST REFUSED TO EXAMINE MY PROBLEM. THIS IS FROM THE TOOTH PULLED ON 3-17-16.

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

THIS AREA IS STILL PAINFUL AS OF TODAY, AND HAS NOT HEALED. I STILL CAN NOT CHEW ON MY LEFT SIDE OF MY MOUTH DUE TO THE PAIN. I NEED TO BE EXAMINED BY A

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

(Nombre del personal o presos que tengan información:)

NURSE BURNS AND
DR. MONTGOMERY...DENTAL

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

Sneed

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

6/26/16

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:


COOK COUNTY SHERIFF'S OFFICE
(Oficina del Alguacil del Condado de Cook)
INMATE GRIEVANCE RESPONSE / APPEAL FORM
(Petición de Queja del Preso / Respuesta / Forma de Apelación)
 GRIEVANCE

 NON-GRIEVANCE (REQUEST)

CONTROL #

20165313

INMATE INFORMATION (Información del Preso)

INMATE LAST NAME (Apellido del Preso):

Simpson

INMATE FIRST NAME (Primer Nombre):

Avery

ID Number (# de Identificación):

20150410027

GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW / PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

050- Dental Treatment

IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if applicable):

CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE / REQUEST TO (Example: Superintendent, Cermak Health services, Personnel):

DATE REFERRED: 07/28/16

RESPONSE BY PERSONNEL HANDLING REFERRAL:

You will be scheduled

PERSONNEL RESPONDING TO GRIEVANCE (Print):

Susan Shabel

SIGNATURE:

Susan Shabel

DIV. / DEPT.

DATE:

21/3/16

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

SIGNATURE:

DIV. / DEPT.

DATE:

____/____/____

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

- GRIEVANCE SUBJECT CODE: _____
 NON-GRIEVANCE SUBJECT CODE: _____

INMATE SIGNATURE (Firma del Preso):

Avery

DATE RESPONSE WAS RECEIVED:
(Fecha en que la respuesta fue recibida):

7/16/16

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.

* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud del la apelación del detenido):

7/16/16

INMATE'S BASIS FOR AN APPEAL (Base del detenido para una apelación):

ON THE DAY OF THIS INCIDENT, I WAS STILL REFERRING TO THE TEETH THAT WAS PULLED ON 3-17-16. I STILL HAD VERY PAINFUL FRAGMENTS PROTRUDING THROUGH MY GUMS ON THIS DATE, AND AS OF 7-16-16, I'VE STILL NOT BEEN SEEN BY A DENTIST AND I'M STILL IN PAIN.

ADMINISTRATOR / DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?
Apelación del detenido aceptada por el administrador o/su designado(a)?

Yes (Sí)

No

ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDATION (Decision o recomendación por parte del administrador o / su designado(a)): _____

ADMINISTRATOR / DESIGNEE (Administrador o / su Designado(a)): _____

SIGNATURE (Firma del Administrador o / su Designado(a)): _____

DATE (Fecha): _____/_____/_____

INMATE SIGNATURE (Firma del Preso): _____

DATE INMATE RECEIVED APPEAL RESPONSE:
(Fecha en que el Preso recibió respuesta a su apelación): _____/_____/_____

8-19-16

DEAR SIR/ MADAM,

I AM SENDING YOU THIS ENCLOSED AMENDED COMPLAINT IN REFERENCE TO CASE # 16-cv-6670. ENCLOSED ARE FOUR(4) COPIES... TWO(2) FOR THE DEFENDANTS, ONE(1) FOR THE COURT, AND ONE(1) COPY FOR THE CLERK TO STAMP FILED AND SEND A COPY BACK TO THE FOLLOWING ADDRESS: ↓ ↓ ↓

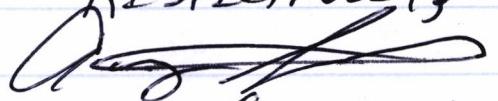
NEW
MAILING
ADDRESS

AVERY SINGLETON R29723
ROBINSON CORRECTIONAL CTR.
13423 E. 1150TH AVE.
ROBINSON, IL 62454

THIS LETTER IS ALSO TO INFORM YOU OF MY CHANGE OF ADDRESS. I AM FURTHER INFORMING YOU OF A CHANGE OF ADDRESS FOR CASE # 16-cv-2413. PLEASE SEND ALL CORRESPONDENCE FOR CASE #'S 16-cv-6670 AND 16-cv-2413 TO THE ABOVE ADDRESS. ALSO, IF POSSIBLE, PLEASE SEND ME ACKNOWLEDGEMENT OF YOUR RECEIPT OF MY NEW ADDRESS.

IF YOU HAVE ANY QUESTIONS OR CONCERNs REGARDING EITHER OF THESE

CASES LISTED, PLEASE CONTACT ME AT YOUR
EARLIEST CONVENIENCE. YOUR PROMPTNESS
AND DILIGENCE IS GREATLY APPRECIATED.

RESPECTFULLY,

AVERY SINGLETON
R29723